PTOTSQUE (80,03)
Approved for use through 10 1/2005, OLIO 05518032
U.S. Palori and Tradoman, Otice; U.S. DEPARTISENT OF CONJURED.

PATE	NT'APPI	C CTIC	N EEE OCT	Quired to nespor	A P	a codection of	information pr	ters à de	plays a yalid Out	I control combe
PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875								April	A SUSAN	winber .
									4613	693
CLAIMS AS FILED - PART I							• • •		QTHE	RTHAN
·		olumn 1)	· · · · · · · · · · · · · · · · · · ·	Column 2)	_	SIVAL	ENTITY	on	SHAL	LENTITY
BASIC FEE	· NUM	DERFLE	NUM	BER EXTRA.		RATE	. FEE	1 .	RATE	
. (37 CFR 1.16(a))				•	7.		1	٦		FEE
TOTAL CLAIMS DT CFR 1.18(d)		minus:	20	·	1	-	<del>                                     </del>	-  ·OR	-	<del>  '</del> -
INDEPENDENT CLAIMS	†		-	·	┨	<u>*</u>	<del> </del>	OR	X1	
(37 CFR 1.16(b))	<del></del>	minus	3	·	]	<u>*•</u>	<u> </u>	· OR	X 5 =	(1)
MULTIPLE DEPENDENT CLIMI PRESENT (37 CFR 1.16(4))						+1a		OR		· ·
" If the difference in column I is less than zero, enter "O" in column ?					•	TOTAL		OR	TOTAL	<del>                                     </del>
CLAIMS AS AMENDED - PART II										
2010/										
OCITO (Column 1) (Column 2) (Column 3)					SMALL	ENTITY	QR		i THUH ENTITY	
R	CLAIMS EHAINING		HOLEST	PRESENT	П	RATE	ADOL	]		
Z A	AFTER KENDUKENT		PREVIOUSLY PAID FOR	EXTRA	П		HONUL		RATE	ADOI- FIONAL
Total .	12	Minus		3			€€€	l		FEE
Z Total CO ON Horse CI ON Hotespeers CI ON Hotespeers CI ON Hotes CI ON Hotes CI ON Hotes CI ON Hotespeers C	Ž	Alinus	1.00			<u> </u>		OR.	13	
	$\circ$	<u> </u>	LO			K 5 *	· .	OA	X 5	. 1
FIRST DRESENTATION OF MALTIPLE DEPENDENT CLAM. (D) OFR 1,16(0)						*5		OR		
1 0 0 07						TOTAL ADOL FEE			TOTAL	
1-22-0	را م <del>خ</del> ره ا		<b></b>			~~ (		Q <b>R</b>	ADD'L FEE	
1 1 1 2	CLASMS I		(Column 2)	(Column 3)	f	<del></del>	: •	1		
15 RE	MANING AFTER		MUNISER PREVIOUSLY	PRESENT	-	RATE	ADOI-		RATE	A004
Total ·	ENDMENT	Minus	PARTOR		L		TONAL"			FEE
Total  Total  (a) ora 1.58(g)  Independent  (ii) ora 1.58(g)	10	•	01)	CO		ו•		OR	XS v	7
DIOR LINE	5	Minus	5	D	П	K1		OR		+
FIRST PARSONIATION CONTRACT DEPREMENT CLASS AND CHR I HELY						• • • •	7	04	X5	
						MIDIA	-	,	TOTAL	-+
1 1	Huma 1)		4.2.0		•	NOO'L FEE	<del></del> +	OR	MOOT FEE	
	LAMS		(Calumn 2)	(Coheme 3)	_		<u> </u>			$-\!\perp$
	MANING FIER		NUMBER PREVIOUSLY	PRESENT		RATE	400t		RATE	ADDI-
Z AME	NOMENT		PAID FOR	/	Ĺ		FEE.			TIONAL FEE
O DISCUINCE	2	Minus	" <i>(10)</i>	• 7	Γ.					755
Z III AME Yoraf Joseph AME Total Independent	5 T	Minus	TA	•/	1			OR	<u>^`</u>	
FIRST PHESEMATION	1	,		on	K1					
				/		DIAL		δ. [	FOTAL	
ADC  ### The Cours in column 1 is test shien the entry in column 2, write "0" in column 3								OH.	ADOT FEE	
"" If the "4-threet forminate Pain East I have SPACE is tess than 20, enter 120.										
The "Highest Number Previously Part For" (Fold or Independent) is the Inchest orested from a No.										

The Rights I Number Previously Paid For ( Folial or Independent) is the toghest number found in the appropriate bow in column 1.

This coffection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an apprication Confidentiality is governed by 33 U.S.C. 122 and 31 CFR 1.1. It is confection is estimated to take 12 minutes to complete including gathering preparing and automating the completed application form to the USPTO I find with vary offsection under the individual case. Any committee on the amount of time you require to complete this form and/or suggestions for reducing this burder is fund by a continuous Office. U.S. Paperin Office, U.S. Department of Commerce, P.O. Dov. 1450. Alexandria. VA 27313-1450. DO NOT SCHO FEES OIL COMPLETED FORMS TO 1445. ADDITIESS. SEND TO. Commissioner for Paterins, P.O. Dov. 1450. Alexandria, VA 27313-1450.